

CITY OF ROUND ROCK, TEXAS  
CITY OFFICIAL  
FINANCIAL DISCLOSURE STATEMENT  
FOR THE REPORTING PERIOD  
2013  
(Year)

REC'D  
FEB 13 2015  
S. H. Little

This form is required to be completed by every candidate who declares for any office of the City to be filled by election:

***This statement is due within fifteen (15) days of the date the candidate declares his candidacy.***

This statement is required by Chapter 2, Article III of the Round Rock City Code. Please refer to section 2-120 for specific requirements and to section 2-117 for definition of terms.

Where additional space is required, please attach separate pages.

Please fill in all blanks. If a requested item does not apply, write "N/A."

FINANCIAL DISCLOSURE FOR: 2013

A. Name of Candidate: Christopher E Koob  
Office Sought: City Council Place 3  
Residence Address: 2508 Merion Cove  
Round Rock TX 78664  
Business Address: 9600 North Mopac suite 900  
Austin TX  
Telephone Numbers:  
Home: (512) 238-9742  
Work: (512) 623-3739  
Cell: (512) 785-4555  
Name of Spouse: Anne E Liana-Koob

Name(s) of all dependent minor children: Alexandra N Koob

Name(s) under which you, your spouse, and/or  
your dependent minor children do business:

B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

1. Identification of property: 2508 Merion Cove Round Rock  
TX, 78664

2. Identification of property: 1902 Oakview Dr Round Rock TX 78681

3. Identification of property: \_\_\_\_\_

4. Identification of property: \_\_\_\_\_

5. Identification of property: \_\_\_\_\_

(attach separate page if necessary)

SEPARATE PAGE

- B. Identify by street address, and legal description, all real property located within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest.

6. Identification of property: \_\_\_\_\_

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7. Identification of property: \_\_\_\_\_

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8. Identification of property: \_\_\_\_\_

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9. Identification of property: \_\_\_\_\_

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10. Identification of property: \_\_\_\_\_

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C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

1. Name of entity: None  
Address of entity's principal place of business: \_\_\_\_\_  
Type of entity (corporation, partnership, etc.): \_\_\_\_\_  
Date of existence: \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if any): \_\_\_\_\_
2. Name of entity: \_\_\_\_\_  
Address of entity's principal place of business: \_\_\_\_\_  
Type of entity (corporation, partnership, etc.): \_\_\_\_\_  
Date of existence: \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if any): \_\_\_\_\_
3. Name of entity: \_\_\_\_\_  
Address of entity's principal place of business: \_\_\_\_\_  
Type of entity (corporation, partnership, etc.): \_\_\_\_\_  
Date of existence: \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if any): \_\_\_\_\_

(attach separate page if necessary)

SEPARATE PAGE

C. Identify each business entity owning property or doing business within the City of Round Rock or its extraterritorial jurisdiction in which you have a substantial interest:

4. Name of entity: \_\_\_\_\_  
Address of entity's principal place of business: \_\_\_\_\_  
\_\_\_\_\_  
Type of entity (corporation, partnership, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Date of existence: \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if any): \_\_\_\_\_  
\_\_\_\_\_
5. Name of entity: \_\_\_\_\_  
Address of entity's principal place of business: \_\_\_\_\_  
\_\_\_\_\_  
Type of entity (corporation, partnership, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Date of existence: \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if any): \_\_\_\_\_  
\_\_\_\_\_
6. Name of entity: \_\_\_\_\_  
Address of entity's principal place of business: \_\_\_\_\_  
\_\_\_\_\_  
Type of entity (corporation, partnership, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Date of existence: \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if any): \_\_\_\_\_  
\_\_\_\_\_

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

1. Name of person or business entity: Nation Star Mortgage

Address: P.O. Box 650783 Dallas TX 75265-0783

If repaid during reporting period, date of repayment: \_\_\_\_\_

2. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

3. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

4. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

5. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

6. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

(attach separate page if necessary)

SEPARATE PAGE

D. Identify each person or business entity to whom you, your spouse, or your dependent minor children owe a debt of \$10,000.00 or more, but not including debts owed to persons related within the second degree of consanguinity or affinity and excluding loans to a political campaign which were reported or required by law:

7. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

8. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

9. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

10. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

11. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_

12. Name of person or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

If repaid during reporting period, date of repayment: \_\_\_\_\_



E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

1. Name of source: Qualcomm Inc  
Source's address: 5775 Morehouse Drive  
San Diego CA 92121  
Type of entity (if applicable): Corporation  
Date entity came into existence (if applicable): 1985  
State of incorporation (if applicable): CA  
Names of partners or trustees (if applicable): Public
2. Name of source: The College of Health Care Professionals  
Source's address: 8505 Airport Blvd #102 Austin TX  
  
Type of entity (if applicable): College  
Date entity came into existence (if applicable): 1988  
State of incorporation (if applicable): TX  
Names of partners or trustees (if applicable):
3. Name of source:   
Source's address:   
  
Type of entity (if applicable):   
Date entity came into existence (if applicable):   
State of incorporation (if applicable):   
Names of partners or trustees (if applicable):

(attach separate page if necessary)

SEPARATE PAGE

E. Identify each source of income amounting to ten percent (10%) or more of your or your spouse's or your dependent minor children's gross annual income.

4. Name of source: \_\_\_\_\_

Source's address: \_\_\_\_\_  
\_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of source: \_\_\_\_\_

Source's address: \_\_\_\_\_  
\_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name of source: \_\_\_\_\_

Source's address: \_\_\_\_\_  
\_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: None  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Recipient of gift: \_\_\_\_\_  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach separate page if necessary)

SEPARATE PAGE

- F. Identify the donor of each gift of more than one hundred fifty dollars (\$150.00) in value received by you or your spouse or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: \_\_\_\_\_
- Value of gift: \_\_\_\_\_
- Name of source: \_\_\_\_\_
- Address of source: \_\_\_\_\_
- Type of entity (if applicable): \_\_\_\_\_
- Date entity came into existence (if applicable): \_\_\_\_\_
- State of incorporation (if applicable): \_\_\_\_\_
- Names of partners or trustees (if applicable): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Recipient of gift: \_\_\_\_\_
- Value of gift: \_\_\_\_\_
- Name of source: \_\_\_\_\_
- Address of source: \_\_\_\_\_
- Type of entity (if applicable): \_\_\_\_\_
- Date entity came into existence (if applicable): \_\_\_\_\_
- State of incorporation (if applicable): \_\_\_\_\_
- Names of partners or trustees (if applicable): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

1. Recipient of gift: None  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Recipient of gift: \_\_\_\_\_  
Value of gift: \_\_\_\_\_  
Name of source: \_\_\_\_\_  
Address of source: \_\_\_\_\_  
Type of entity (if applicable): \_\_\_\_\_  
Date entity came into existence (if applicable): \_\_\_\_\_  
State of incorporation (if applicable): \_\_\_\_\_  
Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach separate page if necessary)

SEPARATE PAGE

- G. Identify the donor of two or more gifts of an accumulated value of six hundred dollars (\$600.00) or more received by you, your spouse, or your dependent minor children, including the value of the gift, where such donor has appeared before and requested action of the City Council during the reporting period.

3. Recipient of gift: \_\_\_\_\_
- Value of gift: \_\_\_\_\_
- Name of source: \_\_\_\_\_
- Address of source: \_\_\_\_\_
- Type of entity (if applicable): \_\_\_\_\_
- Date entity came into existence (if applicable): \_\_\_\_\_
- State of incorporation (if applicable): \_\_\_\_\_
- Names of partners or trustees (if applicable): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Recipient of gift: \_\_\_\_\_
- Value of gift: \_\_\_\_\_
- Name of source: \_\_\_\_\_
- Address of source: \_\_\_\_\_
- Type of entity (if applicable): \_\_\_\_\_
- Date entity came into existence (if applicable): \_\_\_\_\_
- State of incorporation (if applicable): \_\_\_\_\_
- Names of partners or trustees (if applicable): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

1. Name of individual or business entity: None

Address: \_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_

2. Name of individual or business entity: \_\_\_\_\_

Address: \_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_

(attach separate page if necessary)

SEPARATE PAGE

- H. Identify all individuals or business entities that (1) you or a business entity in which you have a substantial interest have had business dealings involving one or more transactions of \$500.00 or more each, for a total of \$2,500.00 or more and (2) have appeared before and requested action of the City Council during the reporting period. (Identification shall include individuals who have an ownership interest of twenty-five percent (25%) or more in a business entity which you have had business dealings involving \$2,500.00 or more and who appeared before and requested some action on the part of the City Council, even though the action does not concern such business entity.)

3. Name of individual or business entity: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name of individual or business entity: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Type of entity (if applicable): \_\_\_\_\_

Date entity came into existence (if applicable): \_\_\_\_\_

State of incorporation (if applicable): \_\_\_\_\_

Names of partners or trustees (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signed this 5<sup>th</sup> day of Feb, 2014.

Christopher E. Koob  
(signature)

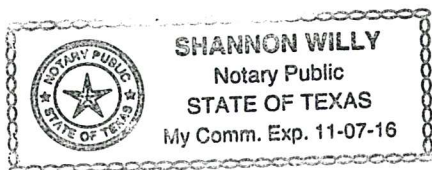
Christopher E. Koob  
(print or type name)

VERIFICATION

STATE OF TEXAS                   §  
   §  
COUNTY OF WILLIAMSON       §

BEFORE ME, the undersigned Notary Public, on this day personally appeared Christopher Koob, known to me, and after being duly sworn, stated on oath that the foregoing and annexed Financial Disclosure for 2013 is within the knowledge of affiant and is true and correct.

SWORN TO AND SUBSCRIBED TO BEFORE ME on this 5th day of February, 2015.



Shannon Willy  
Notary Public, State of Texas  
Printed Name: Shannon Willy  
My Commission Expires: 11-7-16